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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of South Africa

Proposed UNFPA assistance:	$10 million, $6 million from regular resources and $4 million from multi-bilateral and/or other, including regular, resources
Programme period:	4 years (1998-2001)
Cycle of assistance:	First
Category per decision 96/15:	B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	1.4	4.0	5.4
Population & development strategies	3.2	-	3.2
Advocacy	0.8	-	0.8
Programme coordination & assistance	0.6	-	0.6
Total	6.0	4.0	10.0

SOUTH AFRICA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	90.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	50.0	≥55
Access to basic health services (%)[3]	--	≥60
Infant mortality rate (/1000)[4]	53.0	≤50
Maternal mortality rate (/100,000)[5]	84.0	≤100
Gross female enrolment rate at primary level (%)[6]	84.6	≥75
Adult female literacy rate(%)[7]	79.4	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document. Two dashes (--) indicate that data are not available.*

Demographic Facts

Population (000) in 1995	*41,465*
Population in year 2000 (000)	*46,257*
Sex ratio (/100 females)	*98.7*
Per cent urban	*50*
Age distribution (%)	
Ages 0-14	*37.3*
Youth (15-24)	*19.4*
Ages 60+	*6.6*
Percentage of women aged 15-49	*49.4*
Median age (years)	*21.3*
Population density (/sq. km.)	*34*
Annual population growth rate (%)	*2.19*
Urban	*2.60*
Rural	*1.78*
Crude birth rate (/1000)	*29.7*
Crude death rate (/1000)	*7.9*
Net migration rate (/1000)	*0.0*
Total fertility rate (/woman)	*3.81*
Life expectancy at birth (years)	
Males	*62.3*
Females	*68.3*
Both sexes	*65.2*
GNP per capita (U.S. dollars, 1994)	*3,010*

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1998-2001 to assist the Government of South Africa in achieving its population and development goals. UNFPA proposes to fund the programme in the amount of $10 million, of which $6 million would be programmed from UNFPA's regular resources to the extent that such resources are available. UNFPA would seek to provide $4 million from multi-bilateral resources and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15. This would be UNFPA's first full programme of assistance to South Africa, having been preceded by an interim programme of assistance (1994-1997).

2. The proposed programme takes into account the conclusions of the UNFPA Programme Review and Strategy Development (PRSD) exercise that included a mission to South Africa in March 1997, as well as the lessons learned from the UNFPA interim programme of assistance. It also takes into consideration the changes and transformations taking place in the new South Africa. The proposed programme is consistent with the national priorities reflected in the new national population policy, the National Health Plan and the Reconstruction and Development Programme. It is firmly rooted in the Programme of Action of the International Conference on Population and Development (ICPD). The ICPD was the first international conference attended by South Africa, following its readmission as a full member of the United Nations. The proposed country programme will also conform with the principles and objectives of the Dakar/Ngor Declaration on Population, Family and Sustainable Development. It is harmonized with the programme cycles of UNDP and UNICEF, and will also complement inputs from other development partners, including agencies of the United Nations system.

3. In light of the ongoing transformation and restructuring of the Government, as well as the provisions contained in the new national population policy (which is pending ratification in early 1998), the PRSD concluded that UNFPA should focus its support primarily on assisting the Government to build capacity to operationalize and implement its new population policy. This policy is designed to contribute to national efforts to eradicate the poverty of the majority of South Africa's citizens, which results from decades of State-sponsored inequity. UNFPA assistance will seek to strengthen the National Population Unit (NPU) in the Department of Welfare and the Provincial Population Units (PPUs), and will promote intersectoral responses to South Africa's population and development priorities, including the integration of reproductive health concerns into the development activities of line departments. Population data, and personnel skills to utilize such data, will be strengthened. Government partnerships with non-governmental organizations (NGOs) will also be strengthened, particularly with regard to the delivery of reproductive health services, including information and services for adolescents.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the ICPD Programme of Action, which was endorsed by the General Assembly through its resolution 49/128.

Background

5. There has been a complete turnaround in the perception of, and attitudes towards, population issues in South Africa. Under the apartheid regime, the role of population in socio-economic development was recognized to some extent, but population-related policies were used as tools for preserving the political, economic and socio-cultural supremacy of the politically dominant, minority race group. The new Government understands that poverty is the greatest challenge confronting the new democracy and that population concerns are inseparable from sustainable development and poverty eradication. Consequently, population-related policies are being changed to reduce past inequities and to promote democracy, human rights, sustainable people-centered development and a better life for all.

6. The new national population policy, approved by the Cabinet and submitted to Parliament, is based on South Africa's Reconstruction and Development Programme and the ICPD Programme of Action. The policy calls for a multifaceted, intersectoral and interdepartmental approach for addressing the determinants of poverty and population growth and for achieving an overall improvement in the quality of life for all. While it acknowledges that a high population growth rate would make the goal of meeting basic needs more difficult to achieve, the new policy does not consider high population growth to be the root cause of poverty, as was done by the previous Government. Instead, it emphasizes making substantial and rapid improvements in those aspects of the life of the people which, directly or indirectly, impact fertility and population growth, such as the empowerment of women. Thus, the policy underscores the need to improve and increase reproductive health services, female education and employment, while highlighting the need to reduce infant, child and maternal mortality. The new population policy considers meeting the backlog of basic needs as the primary strategy for attacking poverty and social deprivation.

7. The demographic situation of South Africa's white population is well known, but the same is not the case for South Africa's other population groups -- the blacks, Asians and the coloureds. In particular, data are lacking on black South Africans who comprise more than three-quarters of the country's population. Aggregate statistics based, unfortunately, on data of proven unreliability provide a misleading picture of the situation of the majority of the population and mask huge disparities among the different racial groups, with respect to virtually all indicators of human development. According to the preliminary results of the 1996 national census, the population of South Africa is 37.9 million, and the data indicate that for all demographic statistics, the majority of the population fares much worse -- by as much as two to three times worse -- than other racial

groups. For example, there is a high incidence of high risk pregnancies among black South Africans, especially among teenagers (childbearing begins before the age of 20 for nearly 40 per cent of South Africa's young women); the infant mortality rate for the black population is six times the rate for the white population; life expectancy at birth for black South Africans is nine years less than for white South Africans, and six years less for females than for males; also there is a very high incidence of violence against black women.

8. Data from the 1996 census indicate that there are substantial differences in the fertility rates between the various population groups, essentially reflecting the differences in levels of development as well as in the cultural values concerning family size. The estimated total fertility rate (TFR) for the white population is 1.5, which is strikingly less than the 4.3 TFR of the black population. The estimated TFR for Asians and coloureds is 2.2 and 2.3 respectively. TFRs are higher in rural than in urban areas, and in the less-developed provinces (especially those that incorporate the former homelands) compared to the more developed provinces. Contraceptive prevalence shows similar variations: it is highest among the white population (81 per cent) and lowest among the black population (55 per cent), and it is higher in urban areas than rural areas. The significant differentials in mortality indicators among the various population groups reflect differences and past inequities in access to services and quality of life. For example, the infant mortality rate of 49 per 1,000 live births among the black population is six times the rates of 8.3 and 9 per 1,000 live births among the white and Asian populations respectively, and is more than double the rate of 23 per 1,000 live births for the coloured population.

9. Following the first free and democratic election in South Africa, in April 1994, national priorities were completely reversed, with a new and clear focus on redressing the inequities resulting from previous government regimes. Free health care for pregnant mothers and for children under six; a school feeding programme for poor elementary school children; adolescent reproductive health services; and HIV/AIDS prevention are among several Presidential Lead Projects initiated immediately under the new Government's Reconstruction and Development Programme. A National Youth Commission and a Gender Commission have been created, and Parliament has passed the Choice of Termination of Pregnancy bill. The Government has ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).

10. Despite major and fundamental policy changes affecting the welfare of the majority of South Africa's people, implementation has been hampered by the as yet unfinished restructuring of the Government. Other factors impacting the pace of implementation include a new cadre of government civil servants with limited training and experience in governance; limited growth in government resources; and a governance tradition that is hierarchical, fragmented and compartmentalized. The challenge, therefore, is to build new competencies and capacities within

the Government, at national, provincial and district levels, to ensure greater efficiency and effectiveness in the implementation of the new population policy.

Previous UNFPA assistance

11. UNFPA opened its country office in South Africa in November 1994, and has been operating a $4.2 million interim programme of assistance for the period 1994-1997. Prior to the formulation of this interim programme, UNFPA participated in a joint mission to South Africa undertaken by the partners of the United Nations Joint Consultative Group on Policy (JCGP). The mission took place shortly after the inauguration of the new Government, with a view to determining common priority areas of focus for JCGP collaborative support to South Africa. The objectives of the subsequent UNFPA interim programme were to contribute to the process of diffusing current tensions and sensitivities regarding population issues; to support the national debate on the need for and the structure of a national population policy; to support the creation of a legitimate and widely respected national database, particularly through data obtained from the 1996 census; and to assist in the development and refinement of reproductive health interventions at provincial levels upon which models for nationwide replication could be built.

12. Despite the unsettled nature of the government restructuring process, the interim programme registered some important achievements. The national debate on the formulation of a population policy was launched and carried nearly to completion. Preparations for the 1996 census were greatly improved as a result of the work of a UNFPA mission of experts that visited South Africa in early 1995, and the Fund's subsequent technical assistance. Government and NGO collaboration in the field of reproductive health has resulted in the development and testing of models for improving aspects of reproductive health services and care, with a focus on gender and women's health considerations; family life education (FLE) in schools; and access to a wider range of contraceptive methods. In the case of one project on the development of a training curriculum for FLE, the Government has already adopted the model and is introducing it nationwide, on a priority basis. UNFPA's inputs for advocacy activities, ranging from the parliamentary to the grassroots level, helped reach a consensus in the debate on the national population policy and, importantly, to destigmatize the issue of population.

13. One of the key lessons that emerged from the interim programme was that in the absence of an overarching, multi-sectoral population policy, efforts to address population needs become fragmented and compartmentalized and fail to achieve significant success. Thus, building partnerships with other departments is crucial. Another important lesson learned is that without trained and experienced government personnel, implementation of the Government's forward-looking and progressive policies, especially in the health field, will be greatly hindered.

Other external assistance

14. The major donors in the area of population in South Africa include the United States Agency for International Development (USAID), the European Commission, and the Department for International Development (DFID) of the United Kingdom. The Governments of Australia, Norway and Sweden have supported the census and other data collection activities. Major United Nations agencies involved in the national population programme include: UNICEF, which is working in the areas of data and key performance indicators, health, nutrition and education, especially for black girls; UNDP, which is supporting HIV/AIDS prevention and the creation of an expanded socio-economic response to the pandemic; and WHO, which is supporting initiatives in the areas of HIV/AIDS prevention and reproductive health. A number of international NGOs continue to play an important facilitating role in the population field, including the Henry J. Kaiser Family Foundation, Marie Stopes International, Margaret Sanger Center International, the AIDS Control and Prevention Project and IPAS.

15. Recently, DFID, through a multi-bilateral arrangement with UNFPA, has provided $42,530 for pre-project activity to support the formulation of a $3.2 million multi-bilateral project on reproductive health, to be funded by DFID. The project will focus on strengthening the integration of reproductive health services within primary health care, and will extend the coverage of these services to the community level in the Northwestern, Northern, and Northern Cape provinces of South Africa.

16. While UNFPA is a relative newcomer to South Africa, it is increasingly being recognized as an important intermediary for potential collaborators. In this regard, UNFPA has organized a number of donor coordination functions, some of which have subsequently been assumed by government departments. Multi-bilateral arrangements with UNFPA began during the interim programme and are likely to increase under the proposed programme.

Proposed programme

17. From lessons learned during the PRSD exercise and the country programme formulation process, it is clear that capacity building to support, facilitate and implement the new national population policy is the highest population priority. The overall goal of the proposed programme is to assist the Government in its objective of providing an equitable and good quality of life for all South Africans, in which population trends are commensurate with sustainable, socio-economic and environmental development. This requires strengthened intersectoral responses to population and

development; improved reproductive health service delivery; and an enabling environment for addressing population and development in a holistic fashion.

18. Specifically, the proposed programme will focus on assisting the Government to: (a) strengthen and develop skills and capacities for operationalizing, implementing and gaining acceptance of other government departments for the national population policy; (b) develop and strengthen data and information support systems necessary to monitor and analyse the population situation; (c) continue support for innovative interventions designed to improve the quality, accessibility and gender sensitivity of reproductive health services within the larger context of improving the overall quality of life of the majority of South Africa's citizens; (d) enhance awareness of and support for population and development issues through advocacy and information programmes; and (e) increase partnerships between Government and NGOs in the area of reproductive health.

19. As recommended by the PRSD, while the proposed programme will continue to have a nationwide focus for certain activities it will target its main operational activities in selected provinces, particularly, the poorer provinces. In these provinces, the Government and UNFPA will identify and implement strategic and innovative reproductive health interventions, which could later be replicated on a nationwide basis. The proposed programme will have three subprogrammes as described below.

20. Population and development strategies. At the request of the Government, UNFPA's programme of assistance will focus primarily on building the capacity of the newly staffed and restructured National Population Unit and the Provincial Population Units in order to operationalize and facilitate the implementation of the new national population policy. This will entail national and international training programmes for population unit staff in such fields as demography, and the interrelationships between population, development and the environment. The expected outcome of this training programme would be increased skills and analytical capacity of all NPU staff and selected PPU staff, for multisectoral and interdepartmental collaboration in addressing population and development issues; and strengthened capacity of the population units to enlist the involvement of other line departments, especially those in the social sector, in implementing the larger population policy. Attention will also be focused on ensuring that reproductive health is fully integrated into the development activities of various departments, such as Welfare, Water Affairs and Forestry.

21. Since accurate information and data on population trends are necessary to assist the population units in carrying out their responsibilities as outlined in the population policy, support will continue to be provided to the Central Statistical Service to analyse and disseminate the 1996 census data. Also, UNFPA, in collaboration with other donors, will address the issue of weak institutional capacity for undertaking population research and training, which has resulted in large

amounts of unanalysed population data and few specialists with the required skills to alleviate the backlog.

22. Recognizing that population concerns are increasingly being viewed in a regional context, and given that South Africa has been isolated for many years from the international community, especially the South African Development Community region, UNFPA will support efforts to involve the NPU in regional and other international population opportunities.

23. Reproductive health. In the area of reproductive health, UNFPA support will concentrate both at the national and provincial level on the establishment of mechanisms for more effective collaboration among government departments, NGOs and civil society for the delivery of reproductive health services, including improved services for adolescents. It is envisaged that UNFPA will provide technical assistance to the national and selected provincial Departments of Health and to the National Youth Commission to facilitate the creation of reproductive health task forces, including on adolescent reproductive health. Furthermore, as the Government is increasingly relying on NGOs to complement the training and service delivery aspects of reproductive health and to mobilize community involvement in health delivery systems, the capacity of selected national NGOs involved in reproductive health will be strengthened. Technical assistance will also be provided to strengthen NGO capacity to train other NGOs, particularly at the provincial level. This would result in an expanded pool of NGO expertise, on which the Government could draw to improve reproductive health service delivery.

24. Under the proposed programme, continued assistance would be provided by UNFPA to support the development, refinement and adoption by Government of selected models, addressing such reproductive health issues as male involvement, gender sensitivity and women's health concerns, and adolescent-friendly services. These models would be designed and tested by NGOs working in collaboration with the Government in three to four provinces.

25. Advocacy. As the national population policy will only be ratified by Parliament in early 1998, significant leadership groups as well as the general population have little awareness, understanding or acceptance of the national population policy. They are unclear about its relevance to them and about their role in its implementation. To address this, UNFPA will provide technical assistance to support the efforts of the NPU and PPUs to mount effective promotional campaigns designed to gain popular acceptance of the population policy, and to obtain the commitment of line departments for human and financial resources to implement the policy.

26. Better and more informed media coverage of population and development issues would further facilitate the creation of a positive climate for acceptance of the new population policy. To

this end, UNFPA will support short-term training and selected study tours for media representatives, to increase their understanding of population and development interactions and linkages, and to encourage them to report on these issues in a more informed manner.

Programme implementation, coordination, monitoring and evaluation

27. The Government has a well-established infrastructure for implementing and accounting for its development resources. Thus, the programme will be nationally executed by the Government and NGOs. Ongoing monitoring and evaluation will be key components of the programme. The National Population Unit, with technical assistance from UNFPA, will monitor programme implementation at the national level, with the Provincial Population Units monitoring at provincial level. Reviews will be conducted on a six-monthly basis up to the mid-term review which is planned for early in the year 2000. In addition to the UNFPA Representative, the UNFPA country office staff includes two national programme officers, one international junior professional officer, one finance assistant and two secretaries.

28. South Africa's approach to the ICPD Programme of Action places particular emphasis on capacity building, intersectoral and interdepartmental collaboration and partnerships with NGOs. Consequently, criteria to measure the progress and ultimate success of the proposed programme will include: (a) the extent to which the population policy has been operationalized through national and provincial implementation; (b) the increase in the number of institutions actively involved in population policy and programming; (c) the number of government departments using their own budgets to integrate population into their development programmes; (d) the establishment of intersectoral mechanisms to ensure comprehensive reproductive health programmes, including adolescent reproductive health; and (e) the increase in number of NGO partnerships with Government in the area of reproductive health.

Recommendation

29. The Executive Director recommends that the Executive Board approve the proposed programme of assistance to South Africa, as presented, in the amount of $10 million over the period 1998-2001, $6 million of which would be programmed from UNFPA's regular resources to the extent such resources are available, and the balance of $4 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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